

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/05/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 95851, 97010, 97265, 97110, 97122 and 97250 for dates of service 06/18/02 through 07/05/02.

II. RATIONALE

- CPT code 95851 for date of service 06/18/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. The Range of Motion testing report dated 06/18/02 supports the delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$36.00 is recommended.
- CPT code 97010 for date of service 06/19/02. An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. notes for date of service 06/19/02 support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$11.00 is recommended.
- CPT code 97265 for dates of service 06/19/02, 07/03/02, and 07/05/02. EOB's were not submitted by either party; therefore the service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. notes for dates of service 06/19/02, 07/03/02, and 07/05/02 support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$129.00 (\$43.00 x 3 dates of service) is recommended.
- CPT code 97265 for dates of service 06/20/02, 06/24/02, 06/26/02, 06/27/02 and 06/28/02. The respondent denied the service as "G-Unbundling" and "19-The provider billed for a procedure which is either subsumed, or bundled, into payment for another service on this date, or it is excluded from the fee schedule all together". The respondent did not clarify what service this should be bundled into the payment of or provide documentation to support this denial. The service will be reviewed per the 1996 Medical Fee Guideline. S.O.A.P. notes for these dates support the delivery of service per Rule 133.307 (g)(3). Reimbursement in the amount of \$215.00 (\$43.00 x 5 dates of service) is recommended.

- CPT code 97110 for date of service 07/05/02. An EOB was not submitted by either party; therefore the services will be reviewed per the 1996 Medical Fee Guideline. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Submitted S.O.A.P. notes do not document the severity of the injury that would require exclusive one-to-one supervision. Reimbursement is not recommended.
- CPT code 97122 for date of service 07/05/02. An EOB was not submitted by either party; therefore the services will be reviewed per the 1996 Medical Fee Guideline. The requestor submitted S.O.A.P. notes to support delivery of service per Rule 133.307 (g)(3). Reimbursement in the amount of \$35.00 is recommended.
- CPT code 97250 for date of service 07/05/02. An EOB was not submitted by either party; therefore the services will be reviewed per the 1996 Medical Fee Guideline. The requestor submitted S.O.A.P. notes to support delivery of service per Rule 133.307 (g)(3). Reimbursement in the amount of \$43.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement in the amount of **\$469.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$469.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 27th day of February 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lle